

SECRET
(When Filled In)

Approved For Release 2003/03/10 : CIA-RDP78-05343A000200010009-6

17 May 1974

1. SERIAL NUMBER		2. NAME (Last--First--Middle)	
		25X1A	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED	
Change of Service Designation		MONTH DAY YEAR ASAP	
5. CATEGORY OF EMPLOYMENT		Special Scientific	
6. FUNDS		7. FAN AND NSCA	
X V TO V CF TO V		42640004 0000	
8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDS&T/OSI Development Complement		Wash., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	
Med Of Psych		9997	
13. CAREER SERVICE DESIGNATION		R	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	
SPS		0602.03	
16. GRADE AND STEP		17. SALARY OR RATE	
004		\$ 36,000	

18. REMARKS

I hereby agree to change my career service designation from M to R.

25X1A

CONCUR:

/s/ John F. Blake

25 OCT 1974

25X1A

DDT

18. SIGNATURE OF PERSONNEL ACTION REQUESTER		DATE SIGNED		188. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
/s/ J. F. WEBER Director, OSI		5/21/74		DDS&T			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE		20. EMPLOY. CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HQTRS. CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
				NUMERIC ALPHABETIC								MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX					
MO. DA. YR.				1-CSC 2-DRGN 3-FICA 3-NONE		CODE		TYPE MO. DA. YR.		EOD DATA							
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		0-NONE 1-5 PT. 2-10 PT.		MO. DA. YR.		MO. DA. YR.		CAR/RESV PROV/TEMP		CODE		CODE		0-WAIVER 1-REG 2-REG/OPT 3-INELIGIBLE		HEALTH INS. CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		45. POSITION CONTROL CERTIFICATION		46. O.P. APPROVAL		DATE APPROVED					
CODE		0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				FORM EXECUTED 1-YES 2-NO		CODE NO. TAX EXEMPTIONS		FORM EXECUTED 1-YES 2-NO		CODE NO. TAX EXEMPT. STATE CODE					

SECRET

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE _____ FOR THE FOLLOWING REASON:
(Date)

MY LAST WORKING DAY WILL BE—

DATE SIGNED

SIGNATURE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

INSTRUCTIONS

Items 1 thru 7
and
Items 9 thru 18a)

The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, not NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary-Part Time		

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

FIRST LINE
Major Component (*Director, Deputy Director, etc.*)
Office, Major Staff, etc.
Foreign Field or U.S. Field (*if pertinent*)
Division or Staff (*subordinate to first line*)
Branch
Section
Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, *the gaining Career Service should approve* and the other Career Service should concur in Item 18, Remarks.

ROUTING—The original only of this form will be forwarded to the Office of Personnel *through* the appropriate Career Service official(s). In the case of requests specified in _____ which require advance approval of or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

SECRET

UNCLASSIFIED

INTERNAL

CONFIDENTIAL

SECRET

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ROUTING AND RECORD SHEET

SUBJECT: (Optional)

STATINTL

FROM:

OSI

EXTENSION

NO.

DATE

STAT

(Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. DDS&T Admin.
6E46 Hq.

30 MAY 1974

R

~~For approval.~~2. Dr. Tustjens
STATINTL 10-4061

31 MAY 1974

/

3. DDM&S
7C18 Hq.

For concurrence.

4. DDS&T Admin
6E46 Hq.

For approval.

5.

6. OP/PI
5E13 Hq.

2. - Per our telephone conversation, please let me know if this cover serves conversion is OK.

7.

8.

9.

10.

11.

12.

13.

14.

15.

STATINTL

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